

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/030308
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		①		1		
7		1		1		
8		1		1		
9		1		1		
10		①		1		
11		①		1		
12	1		1			
13		1		1		
14		2		1		
15		①		1		
16		①		1		
17		1		1		
18		①		1		
19		①		1		
20		①		1		
21		1		1		
22		1		1		
23		1		1		
24		①		1		
25		1		1		
26		1		1		
27		①		1		
28		1		1		
29		①		①		
30	1		1			
31		1		1		
32		2		1		
33		2		1		
34		①		1		
35		①		①		
36		①		①		
37		①		①		
38		1		1		
39		①		1		
40	1		1			
41		①		①		
42		①		①		
43		①		1		
44		1		1		
45		1		1		
46		1		1		
47		2		1		
48		1		1		
49		1		1		
50		①		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		1		
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97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		↓	43	↓		↓
TOTAL CLAIMS			47			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS